

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>David</i>		05-29-01
O.I.P.E. CLASSIFIER	<i>JA</i>	49	6/12/01
FORMALITY REVIEW		1020	8/12/01
RESPONSE FORMALITY REVIEW	<i>CK</i>	1109	12-13-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/12/01
2	12/12/01
3	12/12/01
4	12/12/01
5	12/12/01
6	12/12/01
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49	12/12/01
50	12/12/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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029  
 07/24  
 617  
 12-13-01